

Allegheny County Predictive Risk Modeling: Community Meeting Q&A Session Notes (April 2016)

Session #1 (4/18/2016)

Staff	Community
Erin Dalton (DARE)	Auberle
Rhema Vaithianathan (AUT)	Heinz Endowments
Emily Putnam-Hornstein (USC)	Allies for Children
Jeremy Goldhaber-Fiebert (Stanford)	CYF Advisory Board
Dennis E. Zeller (HZA)	Family Links
Karen Hallenbeck (HZA)	WPIC
Matt Poquette (HZA)	NY Times
Mike Mitchell (DARE)	Family Services
	Pittsburgh School of Social Work
	United Way of SW PA
	Pittsburgh Mercy
	Holy Family Institute
	A Second Chance
	ACHI
	University of Pittsburgh
	JCP
	Pressley Ridge
	Kids Voice
	RK Mellon Foundation

- What was the performance statistic for mammogram as mentioned earlier?
- What is the role of implicit bias, values, attitudes (e.g., towards race, class) from the call screeners using this tool in their decision-making?
- What will the call screeners see as a factor in the tool?
- Will ZIP code be included as a factor? Will the tool be able to identify particular ZIP code/areas in need of services, e.g., where there are not currently any Family Support Centers?
- How did ethics play a role in designing the model?
- How do you negotiate or resolve concerns about potential bias with historical administrative data?
- What are the factors that model will use?
- Will preventive services be offered on a voluntary basis?

- Are the data from public systems?
- How long does the screening score follow the child?
- How does the predictive risk modeling in DHS align with efforts in simulation modeling for decision-making, e.g. in economics where there are clearly different impacts (\$ vs. human beings)?
- Where is DHS and predictive risk modeling going in the near future, i.e. 5 years from now? Is this the first step in a longer progression with predictive analytics?
- What is the difference between 7 years to another 7, did anything change or happen historically to skew data?
- How will the predictive risk modeling be affected by policy updates, specifically new laws with investigating time frame and age in child welfare?
- How do you think parents or guardians will react or understand to this predictive risk modeling? Do you think they'll find it acceptable?
- Can you, or will you, compare call screen staff using the tool vs. not using the tool?
- How much weight is there on ZIP Code?
- How much will the model evolve during the course of the evaluation?
- Community Meeting 4/18/2016
- Audience Questions_ Notes for Erin
- Are schools included (e.g., potential data points include absentee, # schools attended)?
- Does the model include parent substance use? Does it go into detail about specific type of substance?
- Will placement agencies (e.g., placement staff) know the predictive risk score when a child enters their placement agency? Will it, or how will it get communicated to them?
- Will you tell families the score?
- How did you decide on "20"?
- How will strengths-based nature of child welfare intervention be used when in implementing prevention-based efforts using the predictive risk modeling, i.e., how will you still be strengths-based once identifying a family or child is at high-risk, and communicating the need for preventive services?

Session #2 (4/19/2016)

Staff	Community Agency
-------	------------------

Erin Dalton (DARE) Jacki Hoover (Allegheny Co. CYF) Rhema Vaithianathan (AUT) Emily Putnam-Hornstein (USC) Jeremy Goldhaber-Fiebert (Stanford) Bruce Noel (Allegheny Co. CYF) Dennis E. Zeller (HZA) Karen Hallenbeck (HZA) Matt Poquette (HZA)	Pitt Office Child Development Allegheny Co. District Attorney A Second Chance Ward Home HFI Pittsburgh Community Human Services Passavant Pressley Ridge Small Seeds Hillman Foundation Three Rivers Youth CHS Wesley Spectrum Eden Hall Foundation Children's Hospital of Pittsburgh HSAO SITY PLEA AFN The Forbes Fund Touching Families Family Links MHI Family Services Bair Foundation Mercy Behavioral Health Holy Family AFN ACP ASCI Allegheny County Center for Family Excellence Buhl Foundation
---	---

Is one year enough for the evaluation? (Mary Carrasco, Child's Place)

Jeremy responded that no, it's not entirely enough time to evaluate the tool. But at the same time, many changes are constantly being made throughout the system as years pass, so even if you waited for additional time for evaluation, you might not be able to attribute all changes to the tool.

Which/how many families were included in the base analyses? Any descriptions of them? Are they applicable to Allegheny County? (Doug, Wesley Spectrum)

Rhema responded that the team initially took every OCYF referral from 2007-14 and

allowed for an exposure window of 2 years. For each referral, all individuals were included if they were on the client list for the referral, as well as all of their histories, etc. The referrals used for building the tool were only from Allegheny County – the modeling is built specifically off of our local historic data and isn't valid for (or derived from) any other localities. Emily added that the tool won't be static in the long run: since it's built on our own data, it can be adjusted and change as the county changes.

How will situational context/clinical judgment fit into the model? (e.g., what if the mother has moved away, etc.) (Laura Mulvey, OCD)

The model will be influenced by who is included on the referral and their histories. In that particular example, the mother-in-law's departure should impact the score, as would a new boyfriend joining the case, (or any other situation where the client list is changed).

Can the screening tool always influence screening decisions?

No; the tool will only apply to GPS cases. CPS cases are always screened in and won't be impacted by the tool's findings.

Will we communicate with the state about cases passed down to us?

It is possible that we could use the tool's findings in the future to educate the state on what we find.

Have other places seen any unintended negative consequences? (Ellie Newman, County Mgr's office)

There aren't any real comparisons yet. But we will want to monitor this closely and understand the tool's impacts as they happen through our process and impact evaluations.

Will the tool cause a bias against children that have more data? (Doug Henry, Western Psych)

Rhema responded that there will be a minimum threshold of data completeness for the score to generate. Children with little or no data at all won't receive a score, so the scores will be built to assess the risks among families/children with enough data to assess.

Is a higher volume of referrals expected? (Teresa, ____)

This is some we will want to consider. For any additional cases being screened in based on higher scores, ideally there will also be some effect of referrals with lower scores being screened in at a lower rate to offset it. From the provider standpoint, the effects in referral load are downstream.

What if administrative data doesn't capture the family accurately? What about complex situations?

[I didn't really capture our response here]

What about racial disproportionality?

- *On the impact side, we're interested in the overall accuracy level of the tool, as well as the accuracy between and within subgroups. The evaluation will be able to assess whether the tool is accurate ("good" or "bad"), as well as specific focuses for improvement.*
- *Ultimately the tool may not be able to correct any existing biases, but its use should make them and the decision processes more measurable/transparent.*